



The Challenge in Management of Jellyfish Dermatitis

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Background

Jellyfish are gelatinous zooplankton coelenterates of the phylum Cnidaria. The tentacles contains venom carrying coiled threads which on contact with prey or human skin gets uncoiled and ejects venom forcibly. Immediate reactions include severe pain, local, erythema, edema, pruritus, paraesthesia and even hemorrhagic blisters. Delayed cutaneous reactions present as mild pruritic papules and have the histological appearance of allergic contact dermatitis (Sivaprakasam, 2015). Sometimes, recurrent or persistent dermatitis may occur.

This case had contact with jellyfish stings at both legs that had been for a month. The wound beds were covered by hard necrotic tissue so deep embedded into the skin and very dry wound. Therefore, the treatment has to appropriate management that's very challenge to improve healing rate.

Case report

A 23-years-old female contact with jellyfish stings at both legs one month ago. She walked in to consult ET nurse for treatment. The wound beds were covered by hard necrotic tissue embedded into the skin and very dry wound. The goal of management was to remove hard necrotic tissue and promote the wound healing.

Clinical assessment:

First assessment, contact with jellyfish dermatitis at both legs, irregular shape. Cover with 100% hard necrotic tissue, mild exudate, no pain. (Figure 1)

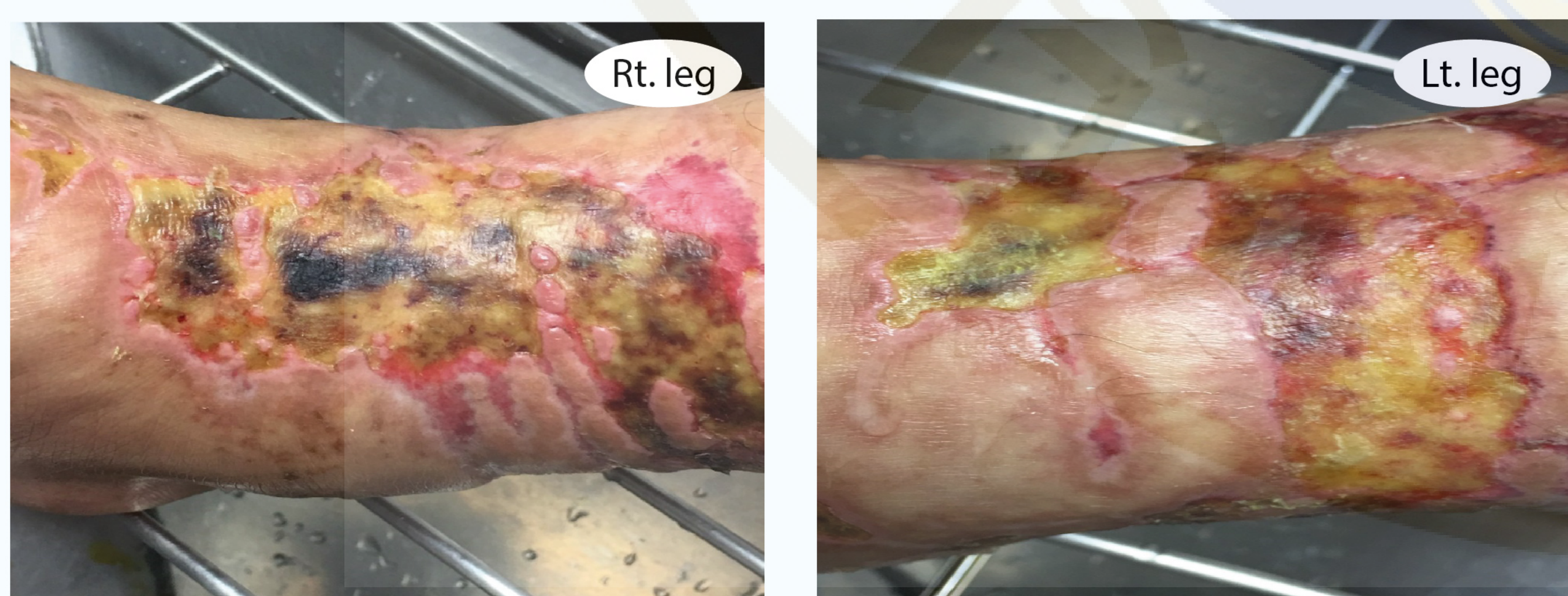


Figure 1 Jellyfish dermatitis at both legs

Reference

- Chadwick P McCardle J Mohamud L Tickle J Vowden K Vowden P. (2015). Appropriate use of topical haemoglobin in chronic wound management: consensus recommendations. London: Wounds UK.
- Karthika Sivaprakasam. (2015). Jellyfish dermatitis. Indian journal of dermatology venereology and leprology. 81(4) 389-90. doi: 10.4103/0378-6323.

Nursing intervention

1. Cleansed with 0.9%NaCl.
2. Protected surrounding skin with skin barrier film.
3. Slit technique on hard necrotic tissue, applied topical honey hydro wound gel, it's antimicrobial properties and cover with hydrocolloid that's for autolytic debridement. (Figure 2)



Figure 2 Autolytic debridement at hard necrotic tissue

4. Used hemoglobin spray promote granulation and epithelium (Figure 3). That binds with oxygen from the environment and diffuses through the wound exudate, and the hemoglobin supplies the base of the wound topically with oxygen (Chadwick et al., 2015).
5. Covered with soft silicone polyurethane foam dressing for manage exudate and prevent granulation tissue and surrounding skin.



Figure 3 Used hemoglobin spray on the wound bed

Results

2 months later, the jellyfish dermatitis was healed and scar formation.(Figure 4) Continued applying skincare oil toformulate the appearance of scars.

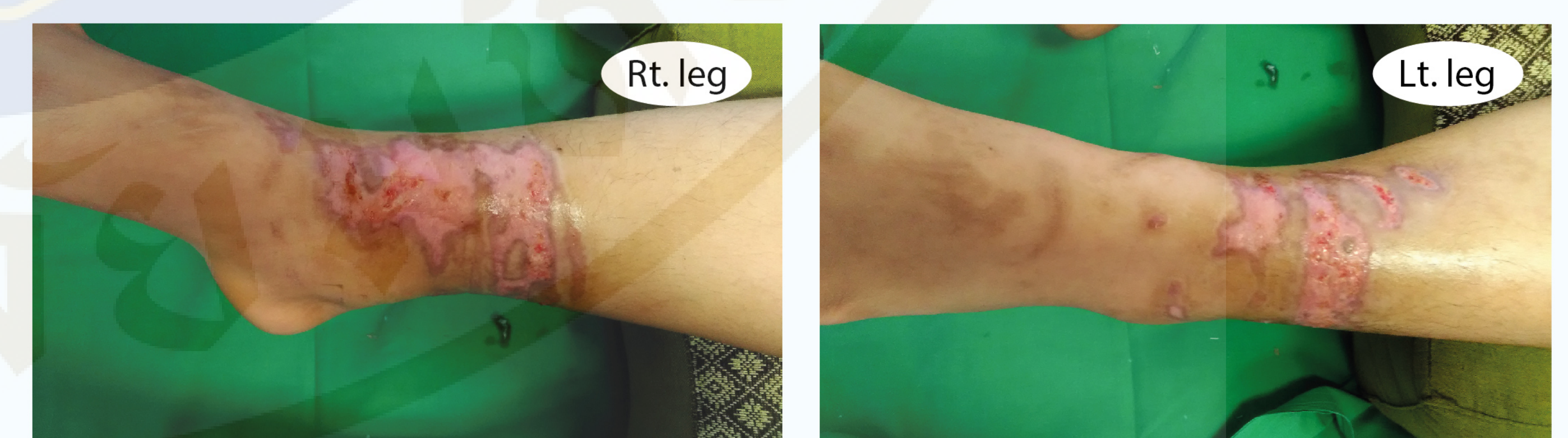


Figure 4 The jellyfish dermatitis was healed

Conclusion

Jellyfish dermatitis requires multi-factors consideration. The correct approach to wound management may effectively influence the clinical outcome. Wound healing remains a challenging clinical problem. The key success to improve healing rates not only reasonable wound products selection but also ET nurse competency.